

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

10/803511

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	16-125	
FOR	140	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	NUMBER EXTRA
INDEPENDENT CLAIMS	4 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	395.00
X\$ 25=	
X100=	100.00
+180=	
TOTAL	495.00

RATE	FEE
BASIC FEE	300.00
X\$50=	
X200=	
+360=	
TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 25=	
X100=	
+180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X200=	
+360=	
TOTAL ADDIT. FEE	

United States Patent and Trademark Office  
- Sales Receipt -

01/04/2006 LFULTON 00000001 032775 10803511

01 FC:2201 100.00 DA



Parasher-1 (10944\*1)

I hereby certify that this paper, along with any other paper or fee referred to in this paper is being faxed to (571-273-8300) and is also being deposited with the United States Postal Service with sufficient postage as First-Class Mail in an envelope addressed to: Hon. Commissioner of Patents and Trademarks, P. O. Box 1450, Alexandria, VA 22313-1450 on this 22 day of Dec 2003.

By: [Signature]

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
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DR. VINOD K. PARASHER, ET AL. :  
: Group Art Unit 3739  
SERIAL NO.: 10/803,511 :  
:   
FILED: 3/18/04 : Examiner: M. J. Kasztejna  
:   
FOR: PROBE VIBRATING ASSEMBLY FOR :  
ENDOSCOPIC PROCEDURES

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Hon. Commissioner of Patents  
and Trademarks  
P. O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:


Please amend the above identified application as follows:

naked eye, but rather requires the medical scope for viewing that location. Such location might, for example, be the bile duct or the pancreatic duct as defined in dependent claim 22. In contrast, in Schaaf the device is being used for improving drainage within the eye. Claim 23 relates to procedures which differ from Schaaf.

In view of the above remarks and amendments and in view of the remarks and amendments in the prior amendment this application should be passed to issue.

Respectfully submitted,

Connolly Bove Lodge & Hutz LLP

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PTO/SB/22 (12-04)

Approved for use through 7/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 10944-00001-US1	
<b>Application Number</b> 10/803,511		<b>Filed</b> March 18, 2004	
<b>For</b> PROBE VIBRATING ASSEMBLY FOR ENDOSCOPE PROCEDURE			
<b>Art Unit</b> 3739		<b>Examiner</b> M. J. Kaszlejna	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>22,112</u>			
<u>Harold Pezzner</u> Signature		<u>December 22, 2005</u> Date	
<u>Harold Pezzner</u> Typed or printed name		<u>(302) 658-9141</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

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